

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51				/		
2			/				52				/		
3			/				53				/		
4			/				54				/		
5			/				55				/		
6							56				/		
7							57				/		
8							58				/		
9							59				/		
10							60				/		
11							61				/		
12							62				/		
13							63				/		
14							64				/		
15							65				/		
16				5			66				/		
17							67						
18							68						
19							69						
20							70						
21							71						
22				9			72						
23				9			73						
24				9			74						
25				9			75						
26				9			76						
27				9			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40				5			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.			76				TOTAL DEP.						
TOTAL CLAIMS			84				TOTAL CLAIMS						